



Application for Disability Retirement

Use this form to apply for disability retirement benefits with the Seattle City Employees' Retirement System. Please help us to serve you by printing legibly.

Print your name: _____

Date of application: _____ Last four digits of your Social Security number: _____

Department: _____ Date employment ended: _____

Title: _____

Telephone number or e-mail where we can contact you about your application: _____

Signature: _____

In accordance with the provisions of the Seattle Municipal Code Chapter 4.36, I hereby make application for disability retirement from active service.

This disability is not due to willful misconduct or violation of law. I hereby agree to report any gross monthly income from gainful employment.

Please check one:

☐ My disability is related to an on-the-job injury and I authorize the Retirement System to obtain copies of the related records from the City worker's compensation files. *Requires signature.*

Signature: _____

☐ My disability is caused by the following medical condition(s):

If more than one condition exists, specify each of them. Explain when you became disabled and how your medical condition(s) affect your ability to work. Please attach an additional page to this application if necessary.

Please note: *You must provide records of your medical history to the Retirement System. You must also have your physician submit a statement as to why you are now unemployable and a description of any treatment and rehabilitation plans. Failure to provide a complete medical history will delay processing of your application.*

Seattle City Employees' Retirement System, Kenneth J. Nakatsu, Interim Executive Director

720 Third Avenue, Suite 900, Seattle, WA, 98104

Tel: (206) 386-1293 Toll free: (877) 865-0079 Fax: (206) 386-1506

www.seattle.gov/retirement retirecity@seattle.gov

The beneficiary I hereby nominate to receive the benefit payable after my death is:

Beneficiary name: _____ Relationship: _____

Address: _____ Telephone: _____

Alternate beneficiary name: _____ Relationship: _____

Address: _____ Telephone: _____

Death Benefit

Please check one:

☐ I **do not** elect the death benefit.

☐ I **do** elect to the death benefit and hereby nominate my beneficiary:

Beneficiary name: _____ Relationship: _____

Address: _____ Telephone: _____

Contingent beneficiary name: _____ Relationship: _____

Address: _____ Telephone: _____

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